

**EXECUTIVE LOBBYING
REGISTRATION/ RENEWAL FOR
THE YEAR OF 2007**

(Fill in year.)

Instructions

- ! Print in ink or type.
- ! Complete form and return with \$110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- ! Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME Chittom Kathy A
Last First MI

2. BUSINESS PHONE (225) 769-5560
Area Code and Phone Number

3. FAX NUMBER (225) 769-5563

4. BUSINESS ADDRESS 10636 Timberlake Baton Rouge LA 70810
Street and No. City State Zip

MAILING ADDRESS Same
Street and No. City State Zip

5. EMPLOYER Chiropractic Association of Louisiana

6. EMPLOYER'S ADDRESS 10636 Timberlake Baton Rouge LA 70810
Street and No. City State Zip

7. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name Chiropractic Association of Louisiana

Address 10636 Timberlake Baton Rouge, LA 70810

Business or purpose Professional Association

Does this person pay you? Yes

If No, who pays you? _____



FOR OFFICE USE ONLY
Postmark Date: 12/4/06

REG-07
ck # 7550
\$110.00
PAB

3361483

2006 DEC -5 PM 12:00
ETHEL'S FINANCE
CAMPAIGN RECEIVED

**EXECUTIVE LOBBYING
REGISTRATION/RENEWAL
ATTACHMENT FORM**



Instructions:

- ! Please make as many copies of this form as necessary in order to complete Question 7 of the Executive Lobbying Registration/Renewal Form.
- ! Fill in your Executive Lobbyist Registration No. in the space provided in the upper right hand corner of the page.
- ! Please identify each page with a page number and indicate the total number of pages being submitted.

1. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

2. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

3. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

4. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

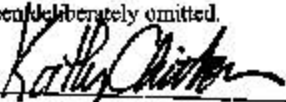
EXECUTIVE LOBBYING REGISTRATION FORM



2. Name _____
Address _____
Business or purpose _____
Does this person pay you? _____
If No, who pays you? _____
3. Name _____
Address _____
Business or purpose _____
Does this person pay you? _____
If No, who pays you? _____
4. Name _____
Address _____
Business or purpose _____
Does this person pay you? _____
If No, who pays you? _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief, and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.



Signature of Lobbyist

